## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

	SECTION I: Parties		racts				
1	Public Employer: BOROUGH OF FAIR LAWN  Employee Organization: SUPERVISOR  Base Year Contract Term: 01/01/16-12/31/18			Number of Employees in Unit: 13  New Contract Term: 01/01/18-12/31/21			
3							
	SECTION II: Type o	of Contract Settlem	nent (please check				
1	Contract settled without neutral assistance						
5	Contract settled with assistance of mediator  Contract settled with assistance of fact-finder						
5							
,	Contract settled with assistance of super-conciliator						
3	If contract was settle	d in fact-finding, did	the fact-finder issue	a report with recom	mendations?		
	Yes No						
	SECTION III: Salary	Base			***************************************		
	The salary base is the the parties negotiate	cost of salaries in the the salary increases.	e final year of the e	xpired or expiring ag	reement. This is the	base cost from v	
			1115634 31				
)	Salary Costs in Base Y	'ear	\$ 1115634.31				
10	Salary Costs in Base Y Longevity Costs in Ba		\$\frac{1115634.31}{95786.27}				
.0			31				
0	Longevity Costs in Ba	se Year	\$ 95786.27 \$ 1211420.59				
.1	Longevity Costs in Ba Total Salary Base SECTION IV: Salary	se Year Increases for Each Year 1	\$ 95786.27 \$ 1211420.59 1 Year of New Agri	eement* Year 3	Year 4	Year 5	
12	Longevity Costs in Ba Total Salary Base SECTION IV: Salary Effective Date (month/day/year)	se Year Increases for Each	\$ 95786.27 \$ 1211420.59	eement*	Year 4 01/01/2021	Year 5	
12	Longevity Costs in Ba Total Salary Base SECTION IV: Salary Effective Date (month/day/year) Cost of Salary	se Year Increases for Each Year 1	\$ 95786.27 \$ 1211420.59 1 Year of New Agri	eement* Year 3		Year 5	
12	Longevity Costs in Ba Total Salary Base SECTION IV: Salary  Effective Date (month/day/year) Cost of Salary Increments (\$) Salary Increase Above	Increases for Each Year 1 07/01/2018	\$ 95786.27 \$ 1211420.59 1 Year of New Agre Year 2 01/01/2019	eement*  Year 3  01/01/2020	01/01/2021	Year 5	
12 13 14	Longevity Costs in Ba Total Salary Base SECTION IV: Salary Effective Date (month/day/year) Cost of Salary Increments (\$)	Increases for Each Year 1 07/01/2018	\$ 95786.27 \$ 1211420.59 1 Year of New Agre Year 2 01/01/2019	Year 3 01/01/2020	01/01/2021	Year 5	
10 11 112 13 14 15 16	Longevity Costs in Ba Total Salary Base  SECTION IV: Salary  Effective Date (month/day/year) Cost of Salary Increments (\$) Salary Increase Above Increments (\$) Longevity Increase (\$) Total \$ Increase	Increases for Each Year 1 07/01/2018 0	\$ 95786.27 \$ 1211420.59 1 Year of New Agree Year 2 01/01/2019 0	Year 3 01/01/2020 0	01/01/2021	Year 5	
12 13 14 15	Longevity Costs in Ba Total Salary Base  SECTION IV: Salary  Effective Date (month/day/year) Cost of Salary Increments (\$) Salary Increase Above Increments (\$) Longevity Increase (\$)	Increases for Each Year 1 07/01/2018 0 0	\$ 95786.27 \$ 1211420.59 1 Year of New Agree Year 2 01/01/2019 0 0	0 0 0	01/01/2021	Year 5	

Emp	loyer: BOROUGH C	F FAIR LAWN	Emplo	yee Organization	SUPERVISO	R	Page 2
	SECTION V: Incre	eases in Other (	Contractual Econ	omic Items or N	lewly Added Ec	onomic Items*	
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						
	*If contract duratio	on is longer than f	ive years, please a	dd an additional p	page.		
	SECTION VI: Med	dical Costs					
21	Health Plan Cost			\$ 231547		7.68	
22	Prescription Plan Co	ost		\$ 57414.	\$ 57414	.86	
23	Dental Plan Cost			\$ 12881.	54 <b>\$ 12881</b>	.54	
24	Vision Plan Cost			\$ 0	\$0		
25	Total Cost of Insura	nce		\$ 301844	.09 \$ 30184	4.09	
26	Employee Insurance	e Contributions		\$ 36342.6	52 s 49425	.96	

12.04

% 16.37

27

Employee Contributions as % of Total Insurance Cost

Emple	BOROUGH OF FAIR LAWN	Employee Organization: SUPERVISOR	Page 3
Secti	on VI: Medical Costs (continued)		
28	Identify any insurance changes that	were included in this CNA.	
29	SECTION VII: Certification and Sign The undersigned certifies that the form Print Name:  RAREN PALERMO  CFO  Signature:  07/26/2018	oregoing figures are true:	
	form to: contracts@perc.state.nj.us		gned certification
	NJ Public Employment Relations Com Conciliation and Arbitration	nmission	
	PO Box 429		

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